

Appendix 1 Inter-care transfer form template

Notification of a patient colonised or infected with a CPE or other multidrug-resistant organism (For local adaptation: for use in conjunction with full discharge / transfer planning)

Patient / client details: (insert label if available)			
Name:	Consultant:		
Address:	Specialty:		
Date of birth:	Contact no:		
CHI:	GP:		
	Contact no:		
Transferring facility (<i>hospital, ward, care home, other</i>)		Receiving facility (<i>hospital, ward, care home, district nurse [if applicable], GP</i>)	
Contact Name:	Contact Name:		
Contact No:	Contact No:		
Diagnosis: (<i>confirmed organism</i>)	Infection: YES / NO		
	Colonisation: YES / NO		
Microbiological identification (specimen results):			
Specimen & Results	Specimen Type	Date	Result
Screen / diagnostic			
Confirmatory			
Other			
Treatment Information (if appropriate): (<i>including type of medication, dose and duration</i>)			
Infection prevention & control precautions required / in place:			
Other information relevant to patient's care:			
Has ambulance service been informed?		YES / NO (if no, give reason)	
Is the patient / client aware of their colonisation / infection status?		YES / NO (if no, give reason)	
Has patient received information about their status? (Patient leaflet)		YES / NO	
Name of staff member completing form:			
PRINT NAME:		CONTACT NUMBER:	